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PTO/SB/05 (11-00)

Approved for use through 10/31/2002 OMB 0651-0032
Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE

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04/12/01
**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

| | |
|------------------------|---|
| Attorney Docket No. | 6664MD |
| First Inventor | Saeed Fereshtehkhous et al. |
| Assignee | The Procter & Gamble Company |
| Title | Cleaning Sheets Comprising Additive Perfume |
| Express Mail Label No. | EK991716605US |

APPLICATION ELEMENTS

See MPEP Chapter 600 concerning utility patent application contents.

Commissioner for Patents
ADDRESS TO: Box Patent Application
Washington, D.C. 20231

1. Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original, and a duplicate for fee processing)
2. Applicant claims small entity status
(see 37 CFR §1.27)
3. Specification Total Pages [34]
(preferred arrangement set forth below)
 - Descriptive Title of the Invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R&D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. Drawing(s) (35 USC §113) Total Sheets [7]
5. Oath or Declaration Total pages [2]
 - a. Newly executed (original or copy)
 - b. Copy from a prior application (37 CFR §1.63(d))
(for continuation/divisional with Box 18 complete)
 - i. DELETION OF INVENTORS
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR §§1.63(d)(2) and 1.33(b).
6. Application Data Sheet. See 37 CFR §1.76
7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
 - a. Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i. CD-ROM or CD-R (2 copies); or
 - ii. Paper
 - c. Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. Assignment Papers (cover sheet & document(s))
10. 37 CFR 3.73(b) Statement Power of Attorney
(when there is an assignee)
11. English Translation Document (if applicable)
12. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations
13. Preliminary Amendment
14. Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
15. Certified Copy of Priority Document(s)
(if foreign priority is claimed)
16. Request and Certification under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. Other:

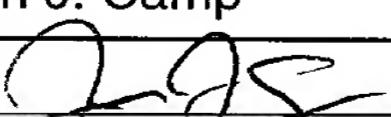
18. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information below and in the preliminary amendment, or in an Application Data Sheet under 37 CFR §1.76: Continuation Divisional Continuation-in-part (CIP)

of prior application No. 09/082,349

Prior application information: Examiner: U. Ruddock Group/Art Unit: 1771

For **CONTINUATION OR DIVISIONAL APPS** only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.**19. CORRESPONDENCE ADDRESS**

| | | | | |
|---------|---|-----------|--------------|--------------|
| NAME | Jason J. Camp The Procter & Gamble Company | | | |
| ADDRESS | Sharon Woods Technical Center 11520 Reed Hartman Highway | | | |
| CITY | Cincinnati | STATE | Ohio | ZIP CODE |
| COUNTRY | USA | TELEPHONE | 513-626-3371 | FAX |
| | | | 45241 | 513-626-1933 |

| | | | |
|-------------------|--|-----------------------------------|----------------|
| Name (Print/Type) | Jason J. Camp | Registration No. (Attorney/Agent) | 44,582 |
| Signature |  | Date | April 12, 2001 |

Burden Hour Statement This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231 DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO Commissioner for Patents, Box Patent Application, Washington, D.C. 20231



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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision

| Complete if Known | |
|--------------------------------|----------------------------|
| Application Number | |
| Confirmation Number | |
| Filing Date | |
| First Named Inventor | Saeed Fereshtehkhou et al. |
| Examiner Name | |
| Group/Art Unit | |
| TOTAL AMOUNT OF PAYMENT | (\$1356.00) |
| | Attorney Docket No.. |
| | 6664MD |

| METHOD OF PAYMENT (check one) | | | FEE CALCULATION (continued) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|---|--------------------|-----------------|----------|------|-----------------|--------------------|-------------------------------------|-----|-----------------------------------|--------------------------|--------------------------|-----|--|--------------------------|--------------------------|-----|---------------------------|--------------------------|--------------------------|-------|--|--------------------------|--------------------------|------|--|--------------------------|-----|--------|---|--------------------------|------|--------------|--|--------------------------|----------------|--------------------|--|--------------------------|----------------|--------------------|--|--------------------------|-------|-------|--|--------------------------|-----|-------|--|--------------------------|-----|-----------------------------------|------------------|--------------------------|---------------------------------------|-----|--|---|-----|-----|---|--|-----|-------|---|--------------------------|--------------------------------------|--------|----------------------------------|--------------------------|-----------|--|------------------------------------|--------------------------|------|----------------|--------------------------------|--------------------------|-----|-----|------------------|--------------------------|-----|-----|-----------------|--------------------------|-----|-----|-------------------------------|--------------------------|-----|----|---|--------------------------|-----|-----|--|--------------------------|-----|-----|--|--------------------------|-----|-----|--|--------------------------|-----|-----|---|--------------------------|-----|-----|--|--------------------------|---------------------------|--|--|--------------------------|---------------------------|--|--|--------------------------|---------------------|-------------------|---|--|--------------------|-------------|
| <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number 16-2480 Deposit Account Name The Procter & Gamble Company</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under status See 37 CFR §127 37 C.F.R. §§1.16 and 1.17</p> | | | <p>3. ADDITIONAL FEES</p> <table border="1"> <thead> <tr> <th>Code</th> <th>(\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>105</td> <td>130</td> <td>Surcharge-late filing fee or oath</td> <td><input type="checkbox"/></td> </tr> <tr> <td>127</td> <td>50</td> <td>Surcharge-late provisional filing fee or cover sheet</td> <td><input type="checkbox"/></td> </tr> <tr> <td>139</td> <td>130</td> <td>Non-English specification</td> <td><input type="checkbox"/></td> </tr> <tr> <td>147</td> <td>2,520</td> <td>For filing a request for <i>ex parte</i> reexamination</td> <td><input type="checkbox"/></td> </tr> <tr> <td>112</td> <td>920*</td> <td>Requesting publication of SIR prior to Examiner's action</td> <td><input type="checkbox"/></td> </tr> <tr> <td>113</td> <td>1,840*</td> <td>Requesting publication of SIR after Examiner's action</td> <td><input type="checkbox"/></td> </tr> <tr> <td>115</td> <td>110</td> <td>Extension for reply within 1st month</td> <td><input type="checkbox"/></td> </tr> <tr> <td>116</td> <td>390</td> <td>Extension for reply within 2nd month</td> <td><input type="checkbox"/></td> </tr> <tr> <td>117</td> <td>890</td> <td>Extension for reply within 3rd month</td> <td><input type="checkbox"/></td> </tr> <tr> <td>118</td> <td>1,390</td> <td>Extension for reply within 4th month</td> <td><input type="checkbox"/></td> </tr> <tr> <td>128</td> <td>1,890</td> <td>Extension for reply within 5th month</td> <td><input type="checkbox"/></td> </tr> <tr> <td>119</td> <td>310</td> <td>Notice of Appeal</td> <td><input type="checkbox"/></td> </tr> <tr> <td>120</td> <td>310</td> <td>Filing a brief in support of an appeal</td> <td><input type="checkbox"/></td> </tr> <tr> <td>121</td> <td>270</td> <td>Request for oral hearing</td> <td><input type="checkbox"/></td> </tr> <tr> <td>138</td> <td>1,510</td> <td>Petition to institute a public use proceeding</td> <td><input type="checkbox"/></td> </tr> <tr> <td>140</td> <td>110</td> <td>Petition to revive - unavoidable</td> <td><input type="checkbox"/></td> </tr> <tr> <td>141</td> <td>1,240</td> <td>Petition to revive - unintentional</td> <td><input type="checkbox"/></td> </tr> <tr> <td>142</td> <td>1,240</td> <td>Utility issue fee (or reissue)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>143</td> <td>440</td> <td>Design issue fee</td> <td><input type="checkbox"/></td> </tr> <tr> <td>144</td> <td>600</td> <td>Plant issue fee</td> <td><input type="checkbox"/></td> </tr> <tr> <td>122</td> <td>130</td> <td>Petitions to the Commissioner</td> <td><input type="checkbox"/></td> </tr> <tr> <td>123</td> <td>50</td> <td>Petitions related to provisional applications</td> <td><input type="checkbox"/></td> </tr> <tr> <td>126</td> <td>240</td> <td>Submission of IDS per property (times number of properties)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>146</td> <td>710</td> <td>Filing a submission after final rejection (37 CFR § 1.129(a))</td> <td><input type="checkbox"/></td> </tr> <tr> <td>149</td> <td>710</td> <td>For each additional invention to be examined (37 CFR § 1.129(b))</td> <td><input type="checkbox"/></td> </tr> <tr> <td>179</td> <td>710</td> <td>Request for Continued Examination (RCE)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>169</td> <td>710</td> <td>Request for expedited examination of a design application</td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="3">Other fee (specify) _____</td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="3">Other fee (specify) _____</td> <td><input type="checkbox"/></td> </tr> <tr> <td>SUBTOTAL (1)</td> <td>(\$710.00)</td> <td colspan="2">* Reduced by Basic Filing Fee Paid</td> <td>SUBTOTAL(3)</td> <td>(\$)</td> </tr> </tbody> </table> | | | Code | (\$) | Fee Description | Fee Paid | 105 | 130 | Surcharge-late filing fee or oath | <input type="checkbox"/> | 127 | 50 | Surcharge-late provisional filing fee or cover sheet | <input type="checkbox"/> | 139 | 130 | Non-English specification | <input type="checkbox"/> | 147 | 2,520 | For filing a request for <i>ex parte</i> reexamination | <input type="checkbox"/> | 112 | 920* | Requesting publication of SIR prior to Examiner's action | <input type="checkbox"/> | 113 | 1,840* | Requesting publication of SIR after Examiner's action | <input type="checkbox"/> | 115 | 110 | Extension for reply within 1 st month | <input type="checkbox"/> | 116 | 390 | Extension for reply within 2 nd month | <input type="checkbox"/> | 117 | 890 | Extension for reply within 3 rd month | <input type="checkbox"/> | 118 | 1,390 | Extension for reply within 4 th month | <input type="checkbox"/> | 128 | 1,890 | Extension for reply within 5 th month | <input type="checkbox"/> | 119 | 310 | Notice of Appeal | <input type="checkbox"/> | 120 | 310 | Filing a brief in support of an appeal | <input type="checkbox"/> | 121 | 270 | Request for oral hearing | <input type="checkbox"/> | 138 | 1,510 | Petition to institute a public use proceeding | <input type="checkbox"/> | 140 | 110 | Petition to revive - unavoidable | <input type="checkbox"/> | 141 | 1,240 | Petition to revive - unintentional | <input type="checkbox"/> | 142 | 1,240 | Utility issue fee (or reissue) | <input type="checkbox"/> | 143 | 440 | Design issue fee | <input type="checkbox"/> | 144 | 600 | Plant issue fee | <input type="checkbox"/> | 122 | 130 | Petitions to the Commissioner | <input type="checkbox"/> | 123 | 50 | Petitions related to provisional applications | <input type="checkbox"/> | 126 | 240 | Submission of IDS per property (times number of properties) | <input type="checkbox"/> | 146 | 710 | Filing a submission after final rejection (37 CFR § 1.129(a)) | <input type="checkbox"/> | 149 | 710 | For each additional invention to be examined (37 CFR § 1.129(b)) | <input type="checkbox"/> | 179 | 710 | Request for Continued Examination (RCE) | <input type="checkbox"/> | 169 | 710 | Request for expedited examination of a design application | <input type="checkbox"/> | Other fee (specify) _____ | | | <input type="checkbox"/> | Other fee (specify) _____ | | | <input type="checkbox"/> | SUBTOTAL (1) | (\$710.00) | * Reduced by Basic Filing Fee Paid | | SUBTOTAL(3) | (\$) |
| Code | (\$) | Fee Description | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 105 | 130 | Surcharge-late filing fee or oath | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 127 | 50 | Surcharge-late provisional filing fee or cover sheet | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 139 | 130 | Non-English specification | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 147 | 2,520 | For filing a request for <i>ex parte</i> reexamination | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 112 | 920* | Requesting publication of SIR prior to Examiner's action | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 113 | 1,840* | Requesting publication of SIR after Examiner's action | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 115 | 110 | Extension for reply within 1 st month | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 116 | 390 | Extension for reply within 2 nd month | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 117 | 890 | Extension for reply within 3 rd month | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 118 | 1,390 | Extension for reply within 4 th month | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 128 | 1,890 | Extension for reply within 5 th month | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 119 | 310 | Notice of Appeal | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 120 | 310 | Filing a brief in support of an appeal | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 121 | 270 | Request for oral hearing | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 138 | 1,510 | Petition to institute a public use proceeding | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 140 | 110 | Petition to revive - unavoidable | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 141 | 1,240 | Petition to revive - unintentional | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 142 | 1,240 | Utility issue fee (or reissue) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 143 | 440 | Design issue fee | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 144 | 600 | Plant issue fee | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 122 | 130 | Petitions to the Commissioner | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 123 | 50 | Petitions related to provisional applications | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 126 | 240 | Submission of IDS per property (times number of properties) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 146 | 710 | Filing a submission after final rejection (37 CFR § 1.129(a)) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 149 | 710 | For each additional invention to be examined (37 CFR § 1.129(b)) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 179 | 710 | Request for Continued Examination (RCE) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 169 | 710 | Request for expedited examination of a design application | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other fee (specify) _____ | | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other fee (specify) _____ | | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL (1) | (\$710.00) | * Reduced by Basic Filing Fee Paid | | SUBTOTAL(3) | (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>1. BASIC FILING FEE – Large Entity</p> <table border="1"> <thead> <tr> <th>Code</th> <th>(\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>101</td> <td>710</td> <td>Utility filing fee</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>106</td> <td>320</td> <td>Design filing fee</td> <td><input type="checkbox"/></td> </tr> <tr> <td>107</td> <td>490</td> <td>Plant filing fee</td> <td><input type="checkbox"/></td> </tr> <tr> <td>108</td> <td>710</td> <td>Reissue filing fee</td> <td><input type="checkbox"/></td> </tr> <tr> <td>114</td> <td>150</td> <td>Provisional filing fee</td> <td><input type="checkbox"/></td> </tr> </tbody> </table> <p>SUBTOTAL (1) (\$710.00)</p> <p>2. EXTRA CLAIM FEES – Large Entity</p> <table border="1"> <thead> <tr> <th></th> <th>Extra</th> <th>Below</th> <th>Fee</th> </tr> <tr> <th></th> <th>Claims</th> <th>Fee</th> <th>Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>[47]</td> <td>- 20** = [27]</td> <td>x [18] = [486]</td> </tr> <tr> <td>Independent Claims</td> <td>[5]</td> <td>- 3** = [2]</td> <td>x [80] = [160]</td> </tr> <tr> <td>Multiple Dependent</td> <td>]</td> <td>= []</td> <td>= []</td> </tr> </tbody> </table> <p>** or number previously paid, if greater; For Reissues, see below</p> <table border="1"> <thead> <tr> <th>Code</th> <th>(\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr> <td>103</td> <td>18</td> <td>Claims in excess of 20</td> </tr> <tr> <td>102</td> <td>80</td> <td>Independent claims in excess of 3</td> </tr> <tr> <td>104</td> <td>270</td> <td>Multiple dependent claim, if not paid</td> </tr> <tr> <td>109</td> <td>80</td> <td>**Reissue independent claims over original patent</td> </tr> <tr> <td>110</td> <td>18</td> <td>**Reissue claims in excess of 20 & over original patent</td> </tr> </tbody> </table> <p>SUBTOTAL (2) (\$646.00)</p> | | | Code | (\$) | Fee Description | Fee Paid | 101 | 710 | Utility filing fee | <input checked="" type="checkbox"/> | 106 | 320 | Design filing fee | <input type="checkbox"/> | 107 | 490 | Plant filing fee | <input type="checkbox"/> | 108 | 710 | Reissue filing fee | <input type="checkbox"/> | 114 | 150 | Provisional filing fee | <input type="checkbox"/> | | Extra | Below | Fee | | Claims | Fee | Paid | Total Claims | [47] | - 20** = [27] | x [18] = [486] | Independent Claims | [5] | - 3** = [2] | x [80] = [160] | Multiple Dependent |] | = [] | = [] | Code | (\$) | Fee Description | 103 | 18 | Claims in excess of 20 | 102 | 80 | Independent claims in excess of 3 | 104 | 270 | Multiple dependent claim, if not paid | 109 | 80 | **Reissue independent claims over original patent | 110 | 18 | **Reissue claims in excess of 20 & over original patent | <p>Complete (if applicable)</p> <table border="1"> <tr> <td>Name (Print/Type)</td> <td>Jason J. Camp</td> <td>Registration No. (Attorney/Agent)</td> <td>44,582</td> <td>Telephone</td> <td>(513) 626-3371</td> </tr> <tr> <td>Signature</td> <td colspan="3"></td> <td>Date</td> <td>April 12, 2001</td> </tr> </table> | | | Name (Print/Type) | Jason J. Camp | Registration No. (Attorney/Agent) | 44,582 | Telephone | (513) 626-3371 | Signature |  | | | Date | April 12, 2001 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Code | (\$) | Fee Description | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 101 | 710 | Utility filing fee | <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 106 | 320 | Design filing fee | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 107 | 490 | Plant filing fee | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 108 | 710 | Reissue filing fee | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 114 | 150 | Provisional filing fee | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Extra | Below | Fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Claims | Fee | Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Claims | [47] | - 20** = [27] | x [18] = [486] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Independent Claims | [5] | - 3** = [2] | x [80] = [160] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Multiple Dependent |] | = [] | = [] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Code | (\$) | Fee Description | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 103 | 18 | Claims in excess of 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 102 | 80 | Independent claims in excess of 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 104 | 270 | Multiple dependent claim, if not paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 109 | 80 | **Reissue independent claims over original patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 110 | 18 | **Reissue claims in excess of 20 & over original patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name (Print/Type) | Jason J. Camp | Registration No. (Attorney/Agent) | 44,582 | Telephone | (513) 626-3371 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature |  | | | Date | April 12, 2001 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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